

BREACH/NOTIFICATION FORM

Maryland Department of Health Investigation and Risk Assessment

DETERMINING A BREACH:

Was there an impermissible acquisition, access, use or disclosure of Protected Health Information (PHI)? _____

If yes, explain: _____

Does the incident meet one of the three exceptions? _____
If yes, which one? _____

- 1) Was the unintentional acquisition, access or use by a workforce member acting under authority from the covered entity or business associate, with no further disclosure?
- 2) Was the inadvertent disclosure between two authorized agents of the covered entity or business associate, with no further disclosure?
- 3) Does the covered entity or business associate have a good faith belief that the non-authorized person would not retain information that was disclosed?

What is the nature and extent of the PHI involved (types of identifiers and the likelihood of re-identification)? _____

Who was the impermissible use/disclosure made to? _____

Was the PHI actually acquired or viewed? _____

Have any mitigation efforts been made? _____
If yes, what were they? _____

Is there a low probability that the PHI has been compromised? _____

**DO YOU THINK THIS CONSTITUTES A BREACH OF UNSECURED PHI
UNDER HIPAA'S BREACH NOTIFICATION RULE? WHY OR WHY NOT?**
(Explain your logic)

Notes: (anything else not covered)

COMPLETE THE FOLLOWING WHERE APPLICABLE:

***Information about the Covered Entity:**

Name: _____

Address: _____

Investigator: _____ Phone: _____

Email: _____

What type of covered entity? _____

(e.g., Provider, Clearinghouse, Health Plan)

***Information about the Business Associate: (if applicable)**

Name: _____

Address: _____

Investigator: _____ Phone: _____

Email: _____

***Information regarding the Breach:**

Date of Breach: _____ Date of discovery: _____

Approximate # of individuals affected? _____ Over 500? _____

Type of Breach: (e.g., loss, improper disposal, unauthorized access, hacking/IT)

Location of Breached Information: (e.g., Laptop, desktop, email, paper files)

Type of PHI involved: (e.g., Demographic, financial, clinical)

Brief description of the Breach:

Types of safeguards that were in place prior to the Breach: (e.g., firewalls, encryptions, locks)

***Notice of Breach and Actions Taken:**

Date(s) Notice was given to individual(s): _____

Was substitute notice required? (Y or N) _____

Was Media Notice required? (Y or N) _____

Actions taken in response to Breach: (e.g., Mitigation, sanctions, safeguards, policies)

Describe the actions taken: _____

*** Required fields:** These fields will be a part of the log that is turned in to HHS every year. Please make sure they are filled out as thoroughly and as accurately as possible.

Name

Date

Signature